MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

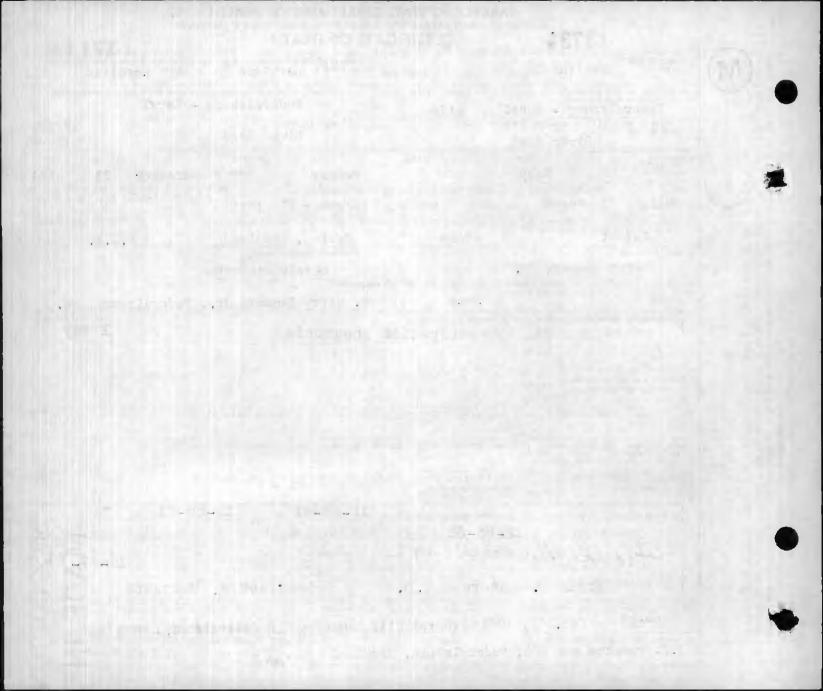
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res th	ed by	rmit.	the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours oftendeath.		
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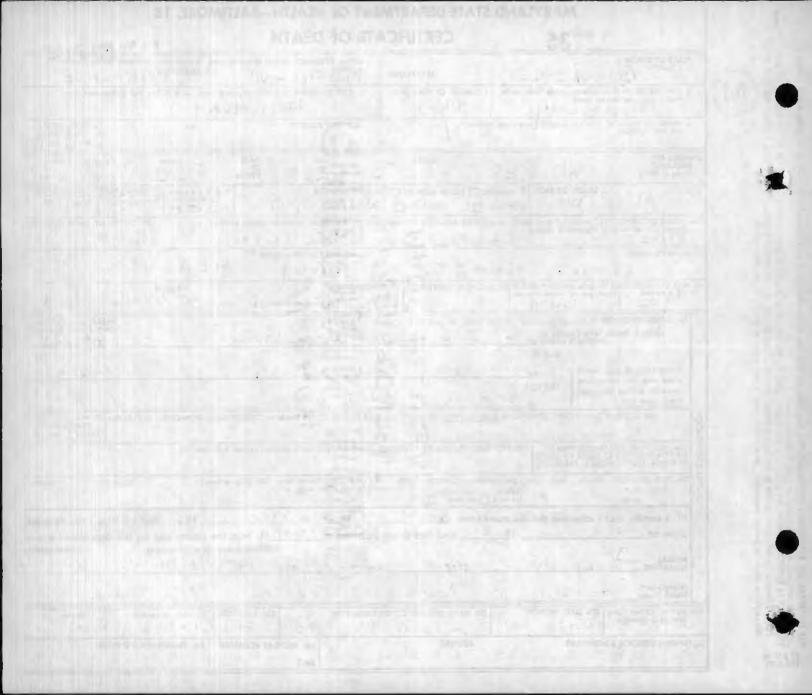
	20001									51		
1. PLACE OF DEATH a. COUNTY	Caroline		MARYL		usual resid		land	d lived. If instituti b. COUNTY				sian)
RURAL and give	(If autside carporate limi nearest tawn) 1sburg - Rus		c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  Federalsburg - Rural							n)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g	_	oddress)		d. STREET AL		r Road	ì				FARM?
3. NAME OF DECEASED (Type or print)	Baby		Middle		Bonner Jeath December							Year 19 61
s. sex Male	6. COLOR OR RACE	7- MAR WIDOW	RIED NEVER MARRIED		ecember		1961	9. AGE (In years last birthday)	IF UNDER Manths	Doys 4	Haurs	ER 24 HR Min.
during most of we	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  None						or foreign o			S.A	• WHAT C	OUNTR
13. FATHER'S NAME Harr	y Bonner, Ji			1	4. MOTHER'S Mea		NAME Dicker	son				
1S. WAS DECEASED ET	VER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFO		Bon	ner. J	Add Ir., Fede	ralsb	ure	. Md.	
Conditions, if gave rise to cause (a), statin lying cause los	immediate DUE TO	)	Aspirati									
PART II. O		1.	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THETERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	RT 1(a) 1	PERFO	AUTOPS PRMED?
	WAS UNDERLYING A G CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCC	CURRED. (6	inter nature af	injury în	Part I ar Par	t II of item 1B.)				
20c. TIME OF INJI	10	While			OF INJURY (F , street, affice		:-)			(Caunty)		(Stat
	. , ,		ded the deceased for	nom 1 hat deat		05:2	OM, from	2-25-6] the causes or	, 19 nd on the	e date	22	above
22c. PHYSICIAN'S NAME (Type	Frank M.	And	erson M.D.	M.D	22d. ADDRE	SS	RECTOR D	staff phys.   g, Mary	land	2-2	7-6	51
23a. BURIAL, CREMAT REMOVAL (Specifical)			23c. NAME OF CEMET			У		TION (City, town,			(Stat	le)
24, FUNERAL DIRECTO	or's signature ptom and Son	, Fe	deralsburg,	Mary!	land	2So. REC	D BY REGIS	TRAR 256, REG	istrar's si	GNATU	RE	

2080193 XV4



ived. If institution: Residence before admitsion b. COUNTY COROLL NE  te limits, write RURAL and give nearest town]  4. 15 RESIDENCE ON A FARM? YES NO
e. 15 RESIDENCE ON A FARM?
ON A FARM?
DEC. 10 1961
AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
12. CITIZEN OF WHAT COUNTRY
MEACHER
zil, Proston hed
INTERVAL BETWEEN ONSET AND DEATH
10713
CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO of item 18.)
town) (County) (State)
19.6/_,that I last saw the decease the causes and an the date stated above
Section ned 12/11
Margland.
TNGTON, (Stole)
246, REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13736 CERTIFICATE OF DEATH

13713

D 14										
П	1, 1	PLACE OF DEA	TH			2. USUAL RESIDEN	ICE (Where de-			denca before admission)
		a. COUNT	Compliant		MARYLAND	a. STATE		b. COUN	~ ~	roline
	-	b. CITY OR TOWN	Caroline  (if outside corporate limit		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	ryland	rata limite write	PLIRAL and oi	va nearest lown)
		write RURAL a	nd give nearast town)	,	C. Marton of Street HV 12	V.	in consider control	no name, man	non-a-ona g.	1001001 101111)
		R	idgely		50 yr		dgely			
1		d. NAME OF HOS	PITAL OR INSTITUTION (	f not in	hospital, giva straet address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
1			None			1	Nor	10		YES NO
		NAME OF	First		Middle	Last	4. DATE	Month	D	ey Year
		DECEASED (Type or print)	TT		TT	70	OF DEATH	D		10 63
Н			Harvey		Henry	Dean	1	Decemb		19 61
/	5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED 8	DATE OF BIRTH	9.	AGE (In years   last birthday)	Months   Day	
	V	Male	Cau.	WIDO	W ORCED	March 8,	1874	87 yrs.	maining say	a mini
	10a	. USUAL OCCUP	ATION (Give kind of work	. 10Ь	. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cou	inty & State, or f	oreign country)	12. CITIZEN	OF WHAT COUNTRY?
	aoi	-	working life, even if relire	d)	Til or one	Maryl	and			U.S.A.
	13.	FATHER'S NAME		-	Farm	14. MOTHER'S MAIDEN				U.D.A.
			Charles I			Sop	hia P	ayne		
			EVER IN U.S. ARMED FOR [[Ifyesgivewarordatesofs]		16. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
		No		2	214-12-6819 D	rothy Fou	ntain	Boot	hwyn,	Pa.
		IB. CAUSE OF	DEATH [Enter only one	causa pa	ar line for (a), (b), and (c).]	,10010, 100				INTERVAL BETWEEN
		PART I. DE	ATH WAS CAUSED BY:		Coronary	Occlusion				ONSET AND DEATH
		1120			002 02.002 3	ACCTAGTOIL	-		-	
		720	DUE TO		Antonton				-	
		Conditions, if a			WT. CELTORG	lerotic Ca	rdlova	iscular	Dis.	
		(a), slaling the								
		causa last.	(c)							
	N	PART II. OT	HER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
2	ATI		/1	h was	nd a Drawn -1-4 7	A adhbas				YES NO T
	FIC	20a. ACCIDENT	WAS UNDERLYING		nic Bronchial DESCRIBE HOW INJURY OCCURED	ASTIMA.	Part I or Part II	of item 18.)		
	CERTIFICATION	OR CONTRIBUTION	IG CAUSE OF DEATH			,				
	MEDICAL	20c. TIME OF IN				CE OF INJURY (Home, far ory, street, office bldg., et		or fown)	(County)	(Stata)
	MED	p.n			work at work					
-		21 I cortifu	that (I) (this hospit	al) att	ended the deceased from	Mar. 10	161 to	Dec. 9	196]	that (I) (we) last
			ased alive onD		8 19.61, and that					
		22a. SIGNATUR	) A			dagili accit eo si	LECTAL HOLL	1110 (90203	410 011 1110	22b. DATE
		228. SIGINAUK	11.011	7	An 1	ATTENDING	MED.	STAFF		SIGNED
			cores of	U,	Mensifer	a har a lamped	DIRECTOR	PHYS.		12/12/6
		22c. PHYSICIAN NAME (Ty		TT 6	24 26	22d. ADDRESS				/ /
			charles	n.s	Stonesifer, M.	J. Green	sboro,	Maryl	and	
	23a	BURIAL, CREMA	ATION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCA	ATION (City, toy	en or county)	(State)
1	-	Buria Buria	ify)		Denton	1		Dentor	Man	Mre far
	24		OR'S SIGNATURE	-01	ADDRESS		EC'D BY REGIST	RAR 25b. REC		
	-	7 Oracket	20	*		o, Md. DATE [			stur & +	
1.00	2	John 8	· Doula	42 6	dreempoor.	DATE L	JEG 1 7 U	1	9	
	40			17						

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 12727 CERTIFICATE OF DEATH 13737

Н		PLACE OF DEATH			11	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)								
		Caro	line	MARYLAN	11	Manyland Canolina								
	-	b. CITY OR TOWN (if outside corporete write RURAL and give neerest town	limits,	c. LENGTH OF STAY IN	16	Maryland Caroline  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
4	_	d. NAME OF HOSPITAL OR INSTITUTION	hh 116	5 Yrs.		Goldsboro								
1			ON (if not i	in hospitel, give street eddress)	I					IS RESIDENCE     ON A FARM?				
		None				1/4	one			YES NO.				
1		DECEASED	First	Middle		Last	4. DATE OF	Month	De					
A		(Type or print) Mary		Α.	Garr	rett	DEATH	12	10	0 19 61				
	5.	SEX 6. COLOR OR R.	ACE 7. M	ARRIED NEVER MARRIED	8. DAT	TE OF BIRTH	19.	AGE (In yeers						
	I	Temale White	WID	OWED A DIVORCED	9-	-11-1874		87 yrs.	Months Deys	Hours Min.				
	1De	. USUAL OCCUPATION (Give kind of ne during most of working tife, even if I	work 1	Ob. KIND OF BUSINESS OR INDI	JSTRY 11.	BIRTHPLACE (Coun	nty & Stete, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY				
	201	Housewife	estent	None		Maryla	nd		U.S	S.A.				
в	13.	FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME		-					
1		Enioch Moff				Febi As	sley							
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED s, no, or unkown)   (Ifyesgivewerordate	FORCES?		7. INFO			Address						
О		No		None	Mary	Garret	t Gold	lsboro,	Mary.	land				
		1B. CAUSE OF DEATH [Enter only		per line for (a), (b), end (c).]						INTERVAL BETWEEN ONSET AND DEATH				
	И	PART I. DEATH WAS CAUSED B	Y ( - )	Acute My	rocar	rdial Fa:	ilure			ONSE! AND DEATH				
		442 V DUE	TO											
		Conditions, if any, which	(b)	Cardiova	ascul	lar Rena	l Dise	ARA						
		geve rise to immediate cause	TO					000						
		(e), stating the underlying Course lest.												
	z	PART II. OTHER SIGNIFICANT CO	(c)	CONTRIBUTING TO DEATH BUT	NOT REL	ATED TO THE TERMIN	NAL DISEASE	ONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
	110			Chnonia Enta		20201444								
	FIC	2De. ACCIDENT WAS UNDERLYING	7   20b.	Chronic Ente	recolitis    YES   NO									
1	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEA	TH											
	MEDICAL	20c. TIME OF INJURY Month, Dey		The second secon		FINJURY (Home, fern		or town)	(County)	(State)				
	MED	Hour a.m.		White Not White et work et work	rectory, st	reer, office blag., erc.	1							
		21. I certify that (I) (this ho	snital) a	attended the deceased from	Jar	1. 25.	19.60 to	Dec.10	1961	, that (I) (we) las				
		saw the deceased alive onI	ec.	10 1967 and	that dea	th occured at	30P trom							
		22a. SIGNATURE			1					22b. DATE				
/		( de molit	10	the man I al	M.D.		MED. DIRECTOR	STAFF PHYS,		12/12/1				
П		22c. PHYSICIAN'S	1	1 unesague		22d. ADDRESS								
		NAME (Type) Charles	H.	Stonesifer, M	.D.	.D. Greensboro, Maryland								
	230	BURIAL, CREMATION, 236. DATE	THEREOF	23c. NAME OF CEMETE	RY OR C			ATION (City, toy		(Stelle)				
		REMBUTTAT 12-	13-6	1 Crumpto	n		Cru	apton,	Maryla	and				
	24^	THE	ah	ADDRESS		25a. REC	C'D BY REGIST	RAR 256, REC	SISTRAR'S SIGN	NATURE				
	1	+. E. Boulain	2715	eenslora. To	20.	DATE	EC 1 4 '6	1 0	inthun S. 4	Traces				
	4		-	TOTAL CONTRACTOR			A CONTRACTOR OF THE PARTY OF TH							

funeral h. Page 4 ma retained by the hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the place of the state of the place of t VR A15 (4) 15M 9/60

2878 Thom I great Caroline ordefaaled Io D S.Es. Goldsbago 415-1-6-6-0 g#231 class\* . . . the City of the Coldstone, with the engling inthemory stude Conditional autonomorphic MARIOCONSTR CLOSED 20 00.00 00 00.00 00.00 00.00 Instruct oredenses . 6.E. Michola H subschip and the second of the second o Services author bend Grand Contact Strength male

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13738 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceasad tived, If Institution: Rasidanca before admission a. COUNTY **b.** COUNTY MARYLAND Caroline . CITY OR TOWN tile objected limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits, & JENGTH OF STAY IN 16 write RURAL and give nearest town! Life Rural Goldsboro Life
d. NAME OF HOSPITAL OR INSTITUTION (F not in hospital, give street address) Rural Goldsboro a. IS RESIDENCE ON A FARM? None None YES A NO 3. NAME OF DATE Midd's Month DECEASED OF Walter H. Hutson DEATH 20 1961 (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 84 vrs Months Male White WIDOWED TX DIVORCED Sept. IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 1 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if ratirad) Farm Laboror None U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Stubbs Joseph S. Hutson 15. WAS DECEASED EVER NU.S. ARMED FORCES? , 16 SOCIAL SECURTY NO. 17, INFORMANT (Yas, no, or unkown) ! (Ifyasgivewarordalasofsarvice) Hattie Engrem Goldsboro, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c). INTERVAL BETWEEN ONSET AND DEATH Cerebral Hemorrhage PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Advanced Arteriosclerosis Conditions, if any, which (Generalized) gava risa to immediata causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Subacute Bronchitis NO CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of Item 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) Month, Day, Year factory, streat, office bldg., alc.) Whila Not While WED Hour a.m. al work al work 21. I certify that (I) (this hospital) attended the deceased from Jan. 10 1961 to Dec. 20 161, that (I) (we) last Dec. 20 saw the deceased alive on... 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS HYSICIAN S NAMECMarles Stonesifer. M. D. Greeksboro. Md. 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Spacify) Burial Greensboro Greensboro, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Outland & Hoose

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physician

signed by

has been

certificate

VR A15 (4) 15M 9/60

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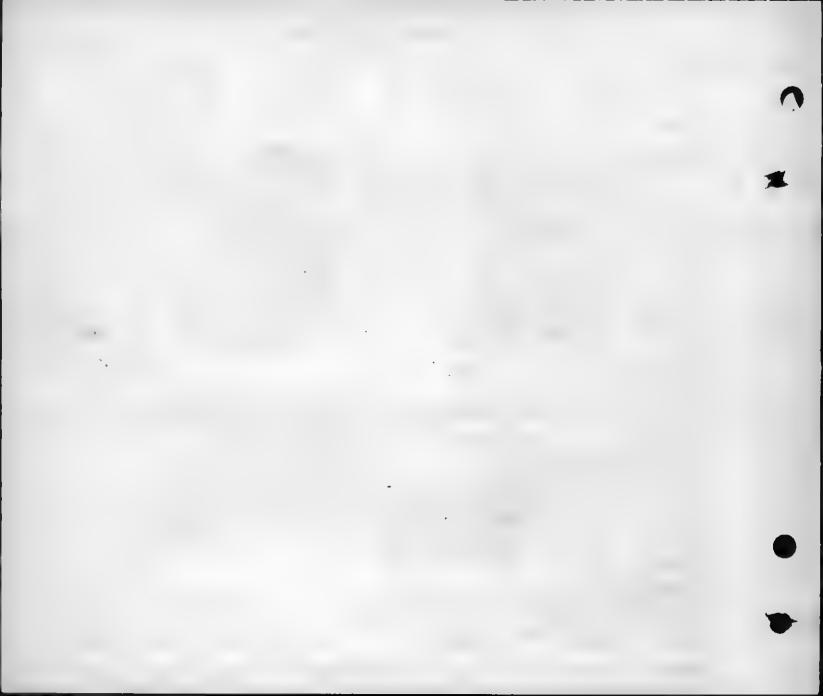
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filled in Pages

death



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 روان		13739 CERTIFICATE OF DEATH Reg. Dist. N3716
by the funeral director,	(M)	1. PLACE OF DEATH  a. COUNTY  A ROLINE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  AROLINE
uneral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
by the	X	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  d. STREET ADDRESS  or, IS RESIDENCE ON A FARM? YES NO
d in b	- -	3 NAME OF DECEASED (Type or print) CLIFTON ISAAC JOHNSON DEATH DEC 3 196
letely		5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS   Months   Doys   Hours   Min.   WIDOWED   DIVORCED   DEC 2   896   24 yrs.   Windows   Wi
d camp	( ) I	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTE  CIT DUFF DOR  WATE  WATE
cian an		13. FATHER'S NAME  WALK NOWN  14. MOTHER'S MAIDEN NAME  TINY HOLLOND
attending physician and cample	72 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   If yes, give wor or dates of service)   CLIFTON STANFORD DENTON, M9
ndin	within	1B. CAUSE OF DEATH [Enter only one couse per time for (o), (b) yand (c).]
he offe	ent wit	PART I. DEATH WAS CAUSED BY. CIRCLEAL HELICASTICAGE  ONE TAND DESTRICT  DUE TO
igned by	in ony e	Conditions, if ony, which gove rise to immediate (b) HIPLAL
	and in	couse (a), stating the under lying couse last (c) AHERICARDENANCE ?
has be	removol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
ttending lificate	e 5	20o. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B )  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B )
tof or a this cer	cremation	20c. TIME OF INJURY Month, Doy, Year Hour a. 11.  Doy, Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State foctory, street, office bldg., etc.)  P. m. 19
After After	iol.	21. I certify that lattended the deceased from 1922, to 1823, 1801, that I last saw the deceased alive and that death occurred at M. from the sawes and as the date stands by
	r ta buria	ADDRESS (Street, city or town, stote)  ACTUAL  ADDRESS (Street, city or town, stote)  DATE SIGN
etained AL DIRE	2 6	PHYSICIAN'S NAME (Type)
J. H.	egist sign	22p-BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City form or country)
P	R e	Thirtiel De 1, 1961 Springrove Devlow. Mid
S A15 ( SM 9/5	(4)	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  Led  DATE  DEC 8 161  Chilling S. Hands



AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **FOR STATE** Items below film Coppusual residence (Whole Genesed lived, If institution: Res dence before edmission) 1. PLACE OF DEATH is nec. director. Po-cour files. Health, e. COUNTY a. STATE **6. COUNTY** Caroline County. MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN ( I outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Greensboro d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Po Boar retained he State B Greensboro, Maryland Home 3. NAME OF 4. DATE Middle 1,457 Month DECEASED OF the (Type or print) DEATH December 22, after CHARLES JONES pe 16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH ¥!H 5. SEX 3 2 with last birthdey) 5 may id 2 wi Months. WIDOWED [ Male 24 h.ve Pages 1, 2, PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 11 BIRTHPLACE (State of foreign country) done during most of working life, even if retired) unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give unknewn unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) [ (If yes give werer dates of service) with 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ] Office along w burial-transit po PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Lobar Pneumonia pellicit **DUE TO** Conditions, if any, which (b) pending" i caminer's O geve rise to immediate cause **DUE TO** (e), steting the underlying Examiner<sup>1</sup> 6 cause lost. used cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART III) 19. WAS AUTOPSY 2 the word Fatty Liver
20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Port II of Item IB.) bluods 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Chief I R: Page 3 s for to buris 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm 20f. (City or town) 20c TIME OF INJURY factory, street, office bldg., etc.) While Not While at work at work OR: 21 I certify that I took charge of the remains described above, held an Autopsy | Xi. Inspection Inquiry 2 should be forwarded to PUNERAL DIRECTO r its designated agent, p Suicide Homicide Undetermined manner death resulted from. Natural causes X Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER WHEN STREET, S NAME (Type HOWARD G. SHAUB, M. D. Address (Street, city, town, or county) 220. BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 40 REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR

V5. A15ME∩ 5M 9/60

would I . Trave

Caroline Co.

Day

unknown

a. IS RES DENCE

YES NO

19 61

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

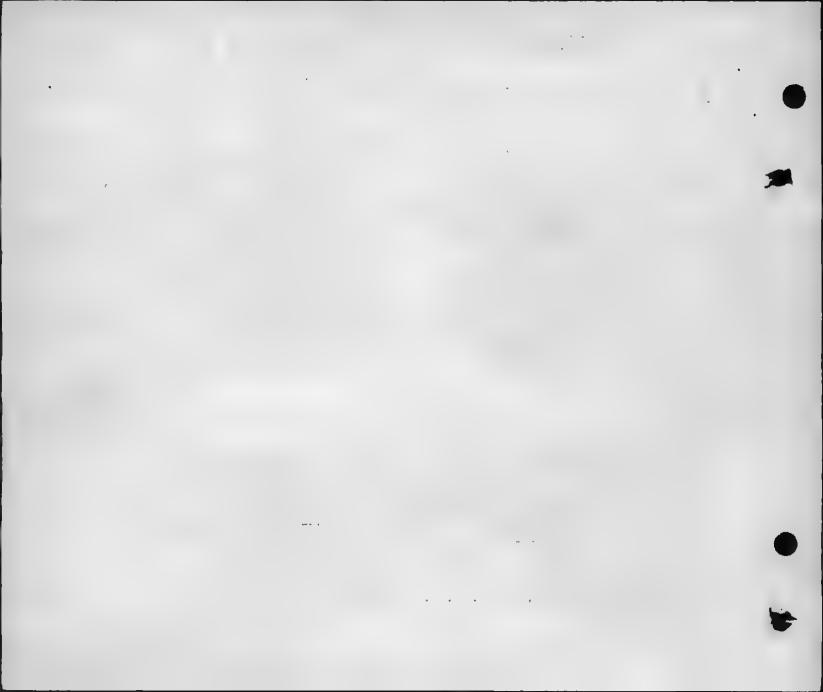
and in my opinion

DATE SIGNED

NO F

Year

ON A FARM?



death.

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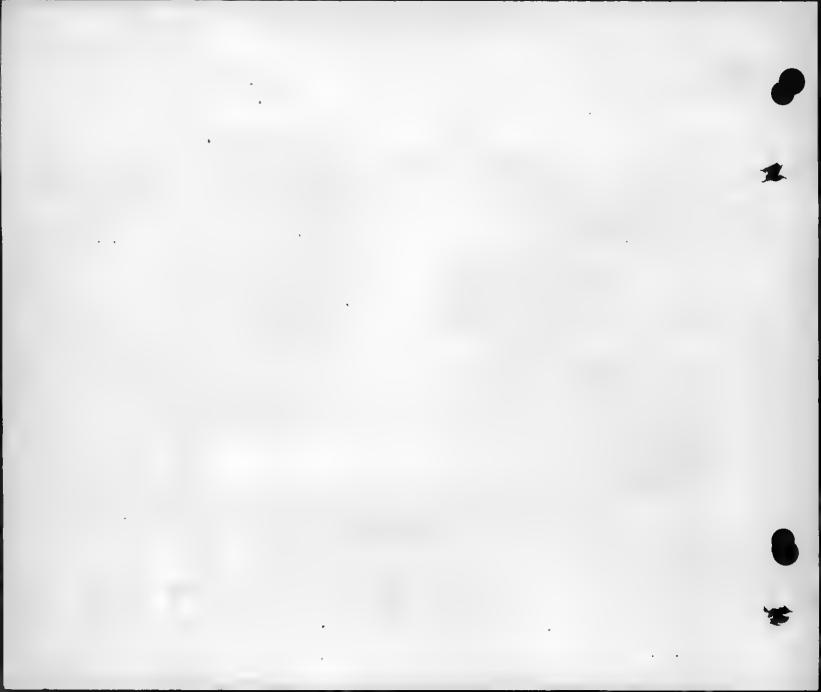
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VR A15 (4) 1SM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

		10447		CERTIFIC	CAI	E OF DEA	IH			1.	371	7
1.	o. COUNTY Care	oline		MARYLA		USUAL RESIDENCE	E (Where		d. If institution b COUNTY	n Residence be		essian)
	b. CITY OR TOWN (I RURAL and give no Pre	f autside carporate limi carest tawn) SEON	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Preston						
	d. NAME OF HOSPIT OR INSTITUTION Map	At (If not in hospitol, gle Avenue	oddress)		d. STREET ADDR		Avenu	e		ON	A FARM?	
	NAME OF DECEASED (Type or print)	Cathe		Anna		Murphy	4.	DATE OF DEATH	De	cember	21	Year 19 61
S.	Female	6 COLOR OR RACE White	ED T DIVORCED		December	25,	1895 <sup>9. Ad</sup>	GE (In years st birthday) 65 yrs	Months Day	+	4	
100	during most of warl House	ung life, even if retired	done 10b	KIND OF BUSINESS OR Home	INDUST			areign country Maryl		12. CITIZEN		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MA	DEN NAM	E				
	James	Holy				Ch	risti	ne Sch	unot			
15. (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No. 18. None Nrs. Louise Patchett, Preston, Maryland											
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne far (a), (b), and (c) ]	ic	7au	lier	<u> </u>				D DEATH
	Candilians, if a	mmediote DUE TO	, (	bronie.	Mu	y Cler e	dela	<b>9</b>	1 /		206	10/
	lying couse last.	The under-	( a	V Cinema	e	Way .	Zenu	a m	Kuf as	5/5 4	WT	17/
CATION	PART II. OTE	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE	ETERMINA	L DISEASE CO	NDIT ON GIV	EN IN PART 1(0	PERF	S AUTOPSY FORMED?
CERTIF		AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED	(Enter nature af inj	ury in Part	I ar Part II a	Fitem 1B.)			
MEDICA	20c TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	or 20d I While al war	Nat while	Oe. PLAC facto	E OF INJURY (Hom- ry, street, office bld	e, form, (1 lg., etc.)	20f. (Cily or I	own)	(Caun	у)	(State
	21 I certify the	- (/) /	l) attend	ded the deceased fr	//	4 2 5 ath accurred at	19.2.2 L: 30M.	PM Prom the	couses an	19 <u>6/.</u> d on the do		
								AIGNEI				
	22c PHYSICIANTS NAME (Type)	), EL	e N	NON N	12	22d ADDRESS	Fic	leva	hlin	9 M	1.	
230	BURIAL CREMATIC REMOVAL (Specify) Burial		1 <b>9</b> 6	23c NAME OF CEMET  Union Gro				2		, Maryl	and	rate)
24.	FUNERAL DIRECTOR			ADDRESS	3.4	1 2		Y REGISTRAR		STRAR'S SIGNA		
1	. J. rram	prom and So	on, r	ederalsburg,	, Ma	ryland DA	TE JAN	2 '62	Ca	Elms S. Hr	alla	

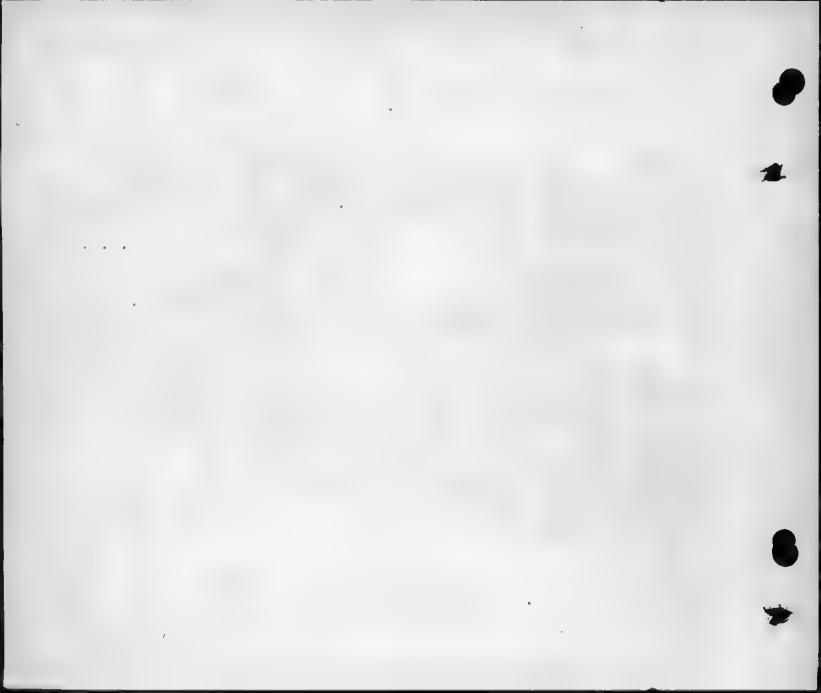


VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13742 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist 143718

						*					
1. PLACE OF DEATH				11	SIDENCE (Y	Vhere decess	ed lived. If in		nce befor	e odmission)	
	Caroline		MARYLAN	a. STATE	d. STATE Maryland b. COUNTY Caroline						
b. CITY OR TOWN (IF	outside corporate limits, write RUI PSON	tal c. LEN	56 Yrs.				oarate limits, w				
d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hospital, giv	e street address)	d. STREET	ADDRESS					a. IS RESIDEN	
	None			l No	ne					ON A FAR	_
3. NAME OF DECEASED	Fint		Middle	Lo	st	4. DATE	M	onth	Doy	Year	
(Type or print)	John		Jacob	Rich	ard	OF DEATH	7	2	15	19	61
5. \$EX	6. COLOR OR RACE 7.	MARRIED T		B. DATE OF BIRT	H		9. AGE In year	IF UNDER	YEAR II	F UNDER 24	HRS.
Male	White  w	DOWED 🗂	DIVORCED [	Oct. 2	26,19	105	1011 556°),	rs. Months	Days F	lours Min.	
	N (Give kind of work done	106. KIND OF	BUSINESS OR IND	USTRY 11. BIRTHP	LACE [Stote	ar foreign o	ountry)	12. CITI	ZEN OF	WHAT COUN	ITRY?
Farm O		Farm	er	Mar	vlan	đ		II.	S.A		
13. FATHER'S NAME				14. MOTHER'S							
Tr	uman P.	Richa	rd	Kati	e Bi	lbroi	10h				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	7 16. SOCIAL	SECURITY NO. 17	, INFORMANT			Addi				
(Yes, no. or unknown)	to have Buck mon on obtain on service	Unk	nown	Minnie	Ric	hard	Hende	rson,	Mar	yland	L
18. CAUSE OF DEAT	H [Enter anly one couse p	er ling for (o), (	b), ond (c).]		11		4 1		INTERVA	AND DEATH	
	H WAS CAUSED BY:  MMEDIATE CAUSE (o)	Head	2. Bes L	Recurery	140	act	-de so	10 1	3/2	1111	ul
4-4	DUE TO	2	1	٦,		,			10		
Canditions, if on	- 5	1724	Dear 11	Letus /	Parit	te			Tou	ATRICA	ila
gave rise to immed (a), stating the u		-							-	-	
cause last.	(c)										
PART IL OTH	ER SIGNIFICANT CONDITI	ONS CONTRIBUT	ING TO DEATH BU	IT NOT RELATED TO	THE TERMI	INAL DISEASI	CONDITION	GIVEN IN PART			
PART II. OTH										PERFORMED	
200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	SE WAS 206. D	ESCRIBE HOW I	NJURY OCCURRED	. (Enler noture of i	njury in Parl	t I ar Part II	of item 18.)				
	Y Month, Day, Year	20d. INJURY C	CCUPPED 200 I	PLACE OF INJURY	(Nome form	20f. (City	ar launt	(Cau	an had	(Sta	tol.
Hour a.m.		While N	lat while	octory, street, affic	a bldg., etc.	)   201. (City	os sowiij	100	11171	1210	101
₹ p. m.	19	at wark 🔲 o				grandy .			Berryl.		
	ot I took charge of	_	. —	promp			spection [	4	A TATE	ond find	that
deoth resulted	from: Notural cou	ises [], Ad	cident [_], S	Svicide [], 1	Homicide	<u>. [],</u> Ui	ndetermined	i couse			
ACTUAL	aumous 95	4.	0						ı	DATE SIGNED	)
SIGNATURE /	auroji V.	Levy 9	(K-	M.D.		AMINER			14	11	11
EXAMINER'S NAME (Type)	Dawson O.	George				AL EXAMINE EXAMINER <b>D</b>			12	16-	61
220. BURIAL, CREMATION			ME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, law	n, or county)		(State)	=
Burial	12-19-6	1 Gr	eensbor	20		Gree	nsbor	o. Mar	rvla	nd	
23. FUNERAL DIRECTOR'S			DRES\$		24g. REC'	D BY REGIST		GISTRAR'S SIG			
1.6.3m	ikary NA	022-1-20	1500	Mel	DATEDA	0 1 8 '6	1 /	1-11-10 8	#		



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13743

**CERTIFICATE OF DEATH** 

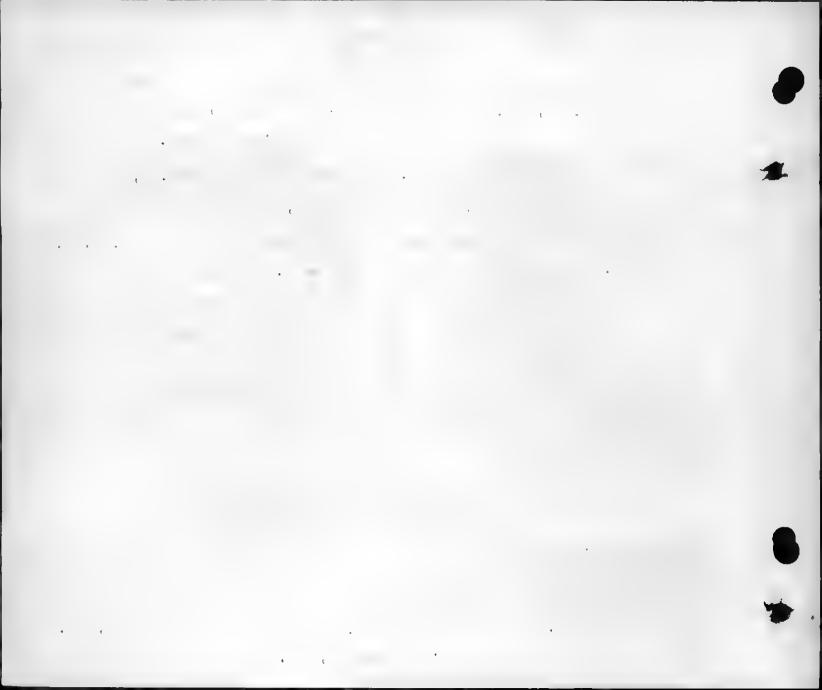
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							- 1	ced. nill(4)	104	<i>]</i>
D. PLACE OF DEATH			- 11	USUAL RESIDENCE	(Where deced		If institution:	: Residence be	efore admiss	ion)
Car	eline	MARY	LAND	Meryle	nd		-	greli	ne	
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write c LENGTH OF STAY	IN 1b	c. CITY OR TOWN		•	ls, write RUR	Al and give i	nearest fowr	1)
	alsburg, M	d.	,	$\chi$ Feder	alsbu	rg,	Maryl	and		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give	e street oddress)		d. STREET ADDRES	S				e IS RES	FARM?
OK MASHIOTON				West	Cent	ral	Ave.		YES [	
. NAME OF	First	Middle		Last	4. DATE		Manth		Day	Year
(Type or print)	llin	nie R.		Scott	OF DEAT	rH '	**	5.	•	1961
SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIE		DATE OF BIRTH				UNDER 1 YEA		
Female	200 2 4	/IDOWED TO DIVORCE		arch 26.	1885			Months Day	s Hours	Min.
o. USUAL OCCUPAT		ne 10b. KIND OF BUSINESS O	241				76 yrs.	12.CITIZEN	OF WHAT	CHNTP
during most at wo	rking life, even if ratired)			2.0		, ,		12.0112214	or man	15501411
HOUSEW	11.6	Heusewif		Mary I				LU.	S.A.	
	On the next									
Jehn W				Sarah 1	Mar	shal				
es, no, or unknown)	ER IN U. S ARMED FORCE (If yes, give war or dates of terri	S? 16. SOCIAL SECURITY NO.	INFO	PRMANT			Addres	\$		
0	ne	nene		Miss Mil	dred	Scet	t	Feder	alsh	172.00
18 CAUSE OF DE	ATH [Enter only one caus	e per line far (g), (b), and (c).]	8-	1 2 2		in 1	1		NTERVAL BE	
PART I DE	ATH WAS CAUSED BY:	(1/wh	(6r	onary	- ( <i>O</i> ( '	Cle	alon	1 4	<b>35 XX</b>	70
17	DUE TO	C /	0 /	2/1	/ -	1				
Canditions, if	200	11xtuesol	Plat	: Q. H124	ert &	lear	ase			
gave rise ta	immediate DUE TO		*	4	1.1	11	7	1	10	7 -
lying couse last		Heldly ten	um	, Dieta	for Mm	Met	us		190	3"/
		TIONS CONTRIBLTING TO DEA	TH BUT NO	OT RELATED TO THE T	EPANNAL DISE	ASE CONID	ITION: CIVEN	N IN PART I(o)	1 19. WAS	ALITOPSI
PART II. OT	THE STOTAL COLLET	10	201140	T KEDILD TO THE T	ENMITTE DISE.	ASE COMP	111014 01121	THE CARLE	PERFO	PRMED?
4 6 6 1 1 1 1		N DECEMBER COMMUNICATION OF			1 0 11 1	9 a H F 9	10.5		YES [	NO A
OR CONTRIBUTION	G 🗆 CAUSE OF DEATH	36. DESCRIBE HOW INJURY OF	CCURKED. (	Enter noture of injur	y in Port I ar r	art II of it	em to.j			
	Y MEDICAL EXAMINER)	,								
20c. TIME OF INJU	,	20d. INJURY OCCURRED		OF INJURY (Home, y, street, office bldg.		lity or town	1)	(Count	ty)	(Stote
p. m.	19	While Not while of work of wark		,,,	, ,,,,,					
21 L certify t	hat I attended the d	econsed from 5/	ケー	1037 to	9- 2	3.	106/11	at I last so	aw the d	ecours
alive on	23	. / /	death a		P 11 5					
dive on	(X) (X)	19 <b>6</b> 7, and that	aeain a	ccurred al 2		m rne co Øtreet, cit		an the do		I GDOV TE SIGNE
ACTUAL	11) 6 4			Ma de	a all	en er	hul	1000	7	190
SIGNATURE	WIL DE	min	М	The	Course	100	mez	-	7 .	
PHYSICIAN'S NAME (Type)	NIF/LE	NNON K	1.0	7	der	le fle	ng	Pma	J.	
20- BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEME	TERY OR C	REMATORY	22d LO	CATION (C	ly, town, or	county)	(Stot	le)
REMOVAL (Specify	Dec. 8	1961 Hille	rest	Cemeter	37	Per	eral	shure	. wa.	
. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	- 4-5-4		REC'D BY REG			RAR'S SIGNA		
He no ves	- Mukenan	Fade:	rals	oure. Dais	750	1 1	1	( 0A)	& Travel	3
The state of the s	111111111111	TO THE COLUMN	A (C)	CALCE A 1 MY TO S						

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter d retained respitation and carteficate has been signed by the attending physician and campletely find the page 3 should be detached for use as the burial-transit permit. Then please remove carban pagers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. 10 OI

in by the funeral directar, and 2 should be filed with

VS A1S (4) 1SM 9/S8



## FOR STATE HEALTH DEPT.

TC SPUTY I. EXAMINER: This certificate should be executed within 24 hours after death any delay is not provide execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1 increased to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar Off Pealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ASSME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1277. MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

TOLGE WEDICHE EVYWINEER	13720
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission)
aroline	a. STATE Mary land b. COUNTY Carol
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ouls da corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Rodoralehima - Direct - Tir-	Federalsburg - Rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
pericon Road	Denton Road YES 23 NO _
3. NAME OF Furst Middle DECEASED	Last 4, DATE Month Day Year
(Type or print) Lewis Herman	Trice December 13 19
A toylorde The toylor	8. DATE OF BIRTH 9. AGE (In yours   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Vale   White   WIDOWED   DIVORCED	January 21, 1896 65 yrs. Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired	
13. FATHER'S NAME	foderalsourg, Md., R.F.D. U.S.A.
Louis H. 14	Ellen M. St
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO   17.	INFORMANT Address
(Yas, no, or unkown) (Ifyasgivewarordatesofservice)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
IMMEDIATE CAUSE (a) INN Sho I WOUND	- to heli a his i Old miligration mes in
976X DUETO	
Conditions, if any, which \ (b) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
gave risa to immadiata cause	A
(a), stating the underlying DUE TO	41
cause last. (c) D MOC	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS APPERE )
E CONTRACTOR CONTRACTO	YES TI NO SC
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Entar nature of injury in Part I or Part II of item 18.)
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED, 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
Hour a.m. WhileNot While fect	fory, street, office bldg., atc.)
1 1 2 2 2 1	
21. I certify that I took charge of the remains described above, he	eld an Autopsy
death resulted from. Natural causes , Accident , Suic	cide X, Homicide , Undetermined manner
A -	CHIEF MEDICAL EXAMINER
ACTUAL VILLE ON POST OF THE	
SIGNATURE/YUUZON UILOYY	M D ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) NOUS ON O NEOVOL III.	Address (Street, city, town, or county) MMCGN 17-13-61
228. BLR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME ON CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or country) (Stata)
Pop. 17, 1001 1111 0g at 00	The date of the state of the st
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
J. J. Framptom and Son, Federalsburg, Md	DATDEC 2 0'61 Called & Krong
	DATIDEC 20'67 Colling & France



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director filed

funerol ag pluods by 1 2

papers. cample pon physician attending edse ā à been signed by I-transit permit. burial-transit has After

RAL DIRECT VS A1S (4) ISM 9/58

anilono قد بالمالاتي بني رسالاد، mediality . 4 sixis. THE STATE OF THE S havaerife have laurel, led Laurel, led Laurel 1901.3 7:100. 201.500 07:00018 1240 and 240 (240 m) 1240 m) 1240 m) 1240 m . El catala ( tobota = = 140

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY Caroline Maryland b. COUNTY Waroline MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) Yrs. Ridgely d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS None None YES NO NAME OF Middle 4. DATE Month Day Year DECEASED 12 Winnacott 23 1961 Rita Ann DEATH (Type or orint) S the for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Davs Hours Min. retained Female White WIDOWED [7] DIYORCED | Swit . 2, and 3 ta YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY TI. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWLIE None New York U.S.A. moy be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Mullikan Luretta Kerr 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Chas. H. Winnacott Ridgely. Md. No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) per buriaf-transit **DUE TO** Canditians, if any, which olong gove rise to Immediate cause **DUE TO** (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 80 PERFORMED? YES IT NO Y 20g. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While e. m. Nat white at work at work 2). I certify that I took charge of the remains described above, held an Autopsy ... Inspection 💌 Inquiry , and find that death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 0 17-26-ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Ridgely, St. Maryland Gertrudes Rumial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE DEC 2 7 '61 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18